CalMedForce Fiscal Year 2020-21
Grant Application Guidelines

Application Period
August 7, 2020 – September 21, 2020 (11:59pm PST)

If an applicant requires approval to enter into a contract from a coordinating authority, please inform the authority of the terms and conditions contained in the sample grant agreements. All applicants will be required to agree to the terms and conditions prior to receiving funds.

CalMedForce is a publicly funded program through voter-approved tobacco tax revenues (Proposition 56 in 2016) and administered by PHC.
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(rev. 6-2020)
Purpose
The purpose of this guide is to provide information to assist primary care (family medicine, internal medicine, obstetrics and gynecology, and pediatrics) and emergency medicine residency training programs during the application process for the FY 2020-21 CalMedForce grant. This guide contains background information about the CalMedForce program and its application instructions to successfully complete and submit an application for consideration.

Background
In 2016, the California Medical Association, California Hospital Association, and Service International Employees Union-United Healthcare Workers West sponsored The California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Proposition 56 was approved by voters and allocates $40 million of funding towards Graduate Medical Education (GME) to sustain, retain, and expand California residency positions in primary care and emergency medicine. All Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs in California that meet the guidelines set forth in Proposition 56 are eligible for funding.

The University of California is the designated recipient of the funding and has contracted with Physicians for a Healthy California (PHC) to administer approximately $40 million in grants allocated from Proposition 56.

PHC works closely with a five-member GME Board and a 15-member Advisory Council to administer a program that incentivizes and supports graduate medical education programs serving medically underserved areas and populations.

The GME Board includes representatives from:

- California Hospital Association (CHA)
- California Medical Association (CMA)
- Physicians for a Healthy California (PHC)
- Service Employees International Union (SEIU-CA)
- University of California, Health (UC)
The CalMedForce Advisory Council includes representatives from:

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists-District IX (ACOG)
- American College of Physicians-CA (ACP)
- Association of Independent CA Colleges and Universities (AICCU)
- California Academy of Family Physicians (CAFP)
- California Association of Public Hospitals (CAPH)
- California Chapter of the American College of Emergency Physicians (Cal-ACEP)
- California Children's Hospital Association (CCHA)
- California Hospital Association (CHA)
- California Medical Association (CMA)
- California Primary Care Association (CPCA)
- Network of Ethnic Physicians (NEPO)
- Osteopathic Physicians of California (OPSC)
- SEIU California State Council

Eligibility
To be eligible to receive funding, a training program must meet the following criteria:

- Located in California
- Allopathic or Osteopathic
- Primary care (family medicine, internal medicine, obstetrics/gynecology, or pediatrics) or emergency medicine
- Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will be accredited by the time of contract execution
- Serving medically underserved populations and areas

Eligible residency programs include new, existing, and expanding residency programs. Programs who have not received formal accreditation from ACGME but will be at the time of signing their contract, if awarded, are eligible to apply. New programs have received ACGME accreditation (both for the sponsoring institution and residency program) or will have program accreditation at the at the time of contract execution, have not yet graduated any residents, and will enroll at least one class by July 1, 2021. Expanded
residency program (has received ACGME accreditation and has graduated one or more cohort(s) of residents) with additional residency positions, as evidenced by letters from the appropriate accrediting body approving for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2020 or has ACGME approved categorical residency positions that were not filled during the 2019-20 and/or 2020-21 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2021-22 academic year. Existing programs are residency programs that have received ACGME accreditation, have graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years.

Authorizing Statute
Revenue and Taxation Code, California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Section 30130.57-30130.58) reads in part:

§ 30130.57 (c) Moneys from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund in the amount of forty million dollars ($40,000,000) annually shall be used to provide funding to the University of California for the purpose and goal of increasing the number of primary care and emergency physicians trained in California. This goal shall be achieved by providing this funding to the University of California to sustain, retain, and expand graduate medical education programs to achieve the goal of increasing the number of primary care and emergency physicians in the State of California based on demonstrated workforce needs and priorities.

(1) For the purposes of this subdivision, “primary care” means family medicine internal medicine, obstetrics/gynecology, and pediatrics.

(2) Funding shall be prioritized for direct graduate medical education costs for programs serving medically underserved areas and populations.

(3) For the purposes of this subdivision, all allopathic and osteopathic residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and located in California shall be eligible to apply to receive funding to support resident education in California.
The University of California shall annually review physician shortages by specialty across the state and by region. Based on this review, to the extent that there are demonstrated state or regional shortages of nonprimary care physicians, funds may be used to expand graduate medical education programs that are intended to address such shortages.

**Initiating an Application**

Applications must be submitted electronically. Each applicant must create an individual account with a username and password for each application. If a program has applied in previous cycles, a program may reuse their username and password from the previous cycle. Applicants are encouraged to save their application frequently. Once a tab in the application is completed and saved, the system allows the applicant to go back and make edits, as necessary.

Sponsoring institutions that have multiple eligible residency programs in primary care and/or emergency medicine must submit one application for each respective training program. Each application will require a unique login.

**Please note** - Applications that are submitted will receive a preliminary score which will be emailed to the program director and primary contact as listed in the application. This preliminary score is auto-generated score and will be shared immediately following submission, prior to staff review. Following the close of the CalMedForce FY 2020-21 grant cycle and after CalMedForce staff have reviewed all submitted applications, a final score will be sent by email to both the primary contact and program director as indicated in the application.

**Early Submission Deadline**

Applications submitted by the early submission deadline of August 28, 2020, 11:59 p.m. (PST) will receive a pre-deadline preliminary score and will have the opportunity to edit their application, if needed. Applicants may only change or update what PHC staff deems as incomplete. The applicant may not make changes to any other portion of their application after the early submission deadline. Abuse of any administrative permission will not be tolerated and may lead to disqualification.
Applications submitted between August 29, 2020 and September 21, 2020 will be considered final, and no supplemental information or changes can be made to the application once the application is submitted. Following the close of the CalMedForce 2020-21 grant cycle, a final score will be sent to both the primary contact and program director as indicated in the application.

Questions/Requesting Help

After an application is initiated there is a feature that allows applicants to send questions directly to the CalMedForce staff. The “Request Help” button is available at the bottom right hand side of the application. Clicking this button will prompt a pop-up window to appear (image below). This window will allow an applicant to submit a question concerning the particular step an applicant clicked help in the application. Please note, an applicant must allow pop-ups on their computer to be able to use this feature. An applicant may also email any questions to CalMedForce@phcdocs.org or call us at 916-551-2899 during normal business hours Monday to Friday.

Available Funding

The following funding allocation guidelines were recommended by the Advisory Council and approved by the Board for the FY 2020-21 application cycle:
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>$9,500,000</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>$7,125,000</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>$7,125,000</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>$7,125,000</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>$7,125,000</td>
</tr>
</tbody>
</table>

Funding is approximate and will be disbursed based on scoring criteria. Applications will be evaluated and ranked within each specialty. For example, internal medicine residency programs will be scored and ranked in relation to other internal medicine residency programs. The following outlines the amounts programs are eligible to receive:

- New Programs: $75,000 per resident per year x program length
- Expanded Programs: $60,000 per resident per year x program length
- Existing Programs: $50,000 per resident per year x program length

**Review and Selection Process**

The CalMedForce Advisory Council and Board has established a fair and impartial process for scoring and evaluating applications. All applications will be auto scored. Each application will be reviewed by CalMedForce staff to assess their eligibility against the criteria below. Award announcements will be made between November and December 2020 via email. Awardee agreements will be distributed in early 2021 with a tentative execution date no later than June 30, 2021. Funds will be available to applicants based on their score relative to other applicants in their specialty, the number of applications received, and the availability of funds. CalMedForce may award **full, partial, or no funding** to an applicant based on the applicant's score and the amount of available funds. Funding is prioritized for new and expanding residency programs that serve medically underserved areas and populations in California. CalMedForce grant awards are public funds and will be shared on the CalMedForce website once funding decisions are available.
Scoring Matrix

All applications will be auto scored using the following matrix below. While all steps, except for Step 12, are required for an application to be complete, the following questions listed below are the only questions that will be scored.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility area) as defined by the Federal Health Resources Services Administration (HRSA).</td>
<td>2 points total</td>
</tr>
<tr>
<td>✓ Yes</td>
<td>0 point = HPSA (0)</td>
</tr>
<tr>
<td>✓ No</td>
<td>1 point = HPSA (1-10)</td>
</tr>
<tr>
<td>If your training program is in a primary care HPSA area, please provide the primary care geographic area or automatic facility HPSA Score. (text box only allowing numbers)</td>
<td>2 points = HPSA score (11-25)</td>
</tr>
<tr>
<td><a href="https://data.hrsa.gov/tools/shortage-area/hpsa-find">https://data.hrsa.gov/tools/shortage-area/hpsa-find</a></td>
<td></td>
</tr>
<tr>
<td>Please indicate the location of your primary ACGME-approved continuity clinic training site or the primary training site through which the majority of the primary care or emergency medicine resident FTEs are providing care.</td>
<td>3 points total</td>
</tr>
<tr>
<td>Name of Site:</td>
<td>Counties are grouped by 3 tiers, ranging from 1-3 points.</td>
</tr>
<tr>
<td>Practice Setting:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td>Tier 3 (1 point): Alameda, Del Norte, Inyo, Marin, Mono, Napa, Placer, Plumas, San Francisco, Santa Clara, Tuolumne</td>
</tr>
<tr>
<td>City:</td>
<td>Tier 2 (2 points): Amador, Butte, Contra Costa, Humboldt, Lassen, Los Angeles, Mariposa, Mendocino, Monterey, Nevada,</td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
</tbody>
</table>
Please indicate the payor mix for the location through which the majority of the primary care or emergency medicine resident FTEs are providing care.

Tier 1 (3 points): Alpine, Calaveras, Colusa, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Lake, Madera, Merced, Modoc, Riverside, San Benito, San Bernardino, San Joaquin, Sierra, Solano, Tehama, Trinity, Tulare, Yuba

Please indicate the payor mix for the location through which the majority of the primary care or emergency medicine resident FTEs are providing care.

10 points total

Points will be awarded based on the percentage of the payor mix that is collectively Medi-Cal, dual eligible, indigent, and uninsured, as follows (see the glossary for definitions):

- 0 points = 0%
- 2 points = 1-20%
- 4 points = 21-40%
- 6 points = 41-60%
- 8 points = 61-80%
- 10 points = 81-100%

Check the following boxes that best describe your program:

- ✓ New Residency Program: program that has received ACGME accreditation (both for the sponsoring institution and residency program) or will have program accreditation at the

10 points total

- 3 points = existing
- 7 points = expanded
- 10 points = new
at the time of contract execution, has not yet graduated any residents, and will enroll at least one class by July 1, 2021.

- **Existing Residency Program**: program that has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years.

Expanding Residency Program: program that has received ACGME, has graduated one or more cohort(s) of residents, and -

- Has ACGME approved categorical residency positions that were not filled during the 2019-20 and/or 2020-21 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2021-22 academic year.

OR

- Has received ACGME approval for additional categorical residency positions as evidenced by documentation from the appropriate accrediting body for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2020 (Documentation of expansion is required).
Please include information on your graduates for FY 2019-20

Please include information on your graduates for FY 2018-19

Please include information on your graduates for FY 2017-18

Please include information on your graduates for FY 2016-17

Please include information on your graduates for FY 2015-16

5 points total

Points will be awarded based on the percentage of graduates who practice primary care or emergency medicine more than 50% of the time in California. New programs will automatically receive 5 points.

0 points = 0-10%
1 point = 11-20%
2 points = 21-40%
3 points = 41-60%
4 points = 61-80%
5 points = 81-100%

Total Points Available = 30

Application – Steps

There is a total of 13 steps in the FY 2020-21 CalMedForce application. The following content will take the applicant through each step of the application and provide more context and detail as it pertains to the application. Please read each step carefully to ensure the information entered in the application is accurate.

Step 1 – Confirming Eligibility

To be eligible for funding, all the following must be true of the applicant’s residency program at the time of the grant award and before funds are released. Confirm that all of the following apply:

✓ Located in California
✓ Allopathic or Osteopathic
✓ Be a primary care (family medicine, internal medicine, obstetrics/gynecology, and/or pediatrics) or emergency medicine
✓ Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will have accreditation by the time of contract execution
✓ Serving medically underserved populations and areas

An applicant is eligible to apply if the residency program has not received formal accreditation from ACGME as long as ACGME accreditation is fully obtained at the time of contract execution, if awarded.

If the residency program does not meet the criteria above and believes they are eligible, they will need to provide contact information and a detailed, yet succinct explanation regarding their justification for eligibility. CalMedForce staff will reply within one business day.

**Step 2 – Communications**

Please check all the fields that apply to how the program received information regarding the CalMedForce funding opportunity. If selecting “Other” applicant must type an additional response. This information will be used to further improve communication for all stakeholders.

Please tell us how you heard about this funding opportunity. Check all that apply.

✓ PHC Website
✓ Emails
  ✓ CalMedForce Emails
  ✓ CMA Emails
  ✓ Other
✓ Social media
  ✓ LinkedIn
  ✓ Facebook
  ✓ Twitter
  ✓ Instagram
✓ Presentation
✓ Association

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If an applicant selects the “Emails” option, please note that choosing “Other” will prompt a text box to manually type in the email. If the options listed do not fit the desired description, please check the “Other” option. The “Other” option will prompt a text box for the applicant to manually type in how they heard about the CalMedForce funding opportunity.

Step 3 – Residency Program Information

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 specifies that moneys from Proposition 56 must fund primary care (Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatrics) and Emergency Medicine residency programs as listed below. Sponsoring institutions that have multiple eligible residency programs in primary care or emergency medicine must submit one application for each respective residency program.

Please select the type of residency program you are applying for:

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Emergency Medicine

Only one selection can be made - Family Medicine, Internal Medicine, Pediatrics, Obstetrics and Gynecology, or Emergency Medicine must be approved as the major independent specialty. Please reference the glossary for detailed descriptions of these specialties.

My program is:

- Allopathic
- Osteopathic
Both allopathic and osteopathic residency programs are eligible, select only one option. Please reference “Accreditation Status” below for more details regarding eligibility.

**Title of Residency Program.** Enter the name of the residency program. If a residency program applied in the previous FY 2019-20 grant cycle, the field for the name of the residency program will auto-populate once they begin typing into this field. For programs that did not apply in the previous FY 2019-20 grant cycle, use the format of “[Name of Residency Program] [Discipline] Residency Training Program.” For example, “University Medical Center Family Medicine Residency Training Program.” Residency Programs must have approval of their sponsoring institution to apply.

**Address of Residency Program.** Enter the physical address of the residency program; number, street name, city, zip code, and county. Please note that this address will be used solely for mailing purposes and will not impact scoring decisions. No P.O. Boxes will be accepted.

**Name of Sponsoring Institution.** Enter the name of the sponsoring institution. If a residency program applied in the previous FY 2019-20 grant cycle, this field will auto-populate once an applicant starts typing into this field. For new programs or programs that did not apply in the previous FY 2019-20 grant cycle please use the format of “[Name of Sponsoring Institution]”. The sponsoring institution assumes the ultimate financial and academic responsibility for a program. Examples of a sponsoring institution include a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, or an educational foundation.

**Accreditation Status.** All residency programs and sponsoring institutions must have current accreditation from the Accreditation Council for Graduate Medical Education (ACGME) to receive funding.

Is your residency program currently approved by the Accreditation Council for Graduate Medical Education (ACGME) or will be approved by the time of contract execution?

✔ Yes
Please check only one option. To be eligible for CalMedForce funding, all residency programs must be accredited at the time of contract execution, if awarded. Both sponsoring institution and residency program accreditation is required.

If a residency program does not meet the criteria for accreditation, please check the box “no”. A text box will appear in the application that will allow the applicant to provide a detailed, yet succinct explanation if they still believe they are eligible, and CalMedForce staff will reply within one business day.

Accreditation Letters. Please upload a copy of the most recent ACGME accreditation letters with all citations for the sponsoring institution and residency program.

There are three separate sections to upload accreditation letters. Select “Upload” to attach the requested documents. Please see sample documents of “Sponsoring Institution Accreditation” “Residency Program Accreditation” and “Residency Program Initial Accreditation” below. Soon to be accredited programs (by contract execution) must include ACGME pre-accreditation documentation at the time of applying. If an applicant makes a mistake, there is a “Delete” button that will allow them to remove the attachment and attach the proper one. If awarded, all accredited programs must have ACGME accreditation by the time of contract execution to comply with accreditation requirements. Only two documents must be uploaded:

The Sponsoring Institution Accreditation Letter and the Residency Program Accreditation Letter

OR

The Sponsoring Institution Accreditation Letter and the Initial Accreditation Letter proving future formal residency program accreditation by the time of contract execution.
Dear [Name],

The Institutional Review Committee (IRC), functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following institution:

[Institution Name]

Based on the information available at its recent meeting, the Review Committee accredited the institution as follows:

Status: Continued Accreditation
Effective Date: [Date]

AREAS NOT IN COMPLIANCE (Citations)
The Review Committee cited the following areas as not in substantial compliance with the ACGME’s Institutional Requirements for Graduate Medical Education:

EXTENDED CITATIONS
GMEC | Since: [Effective Date] | Status: Extended
Structure for Educational Oversight, GMEC, Membership, Meetings and Attendance (Institutional Requirement 1.B.3.a))
Each meeting of the GMEC must include attendance by at least one resident/fellow member.
(Core)

[Clarifying Information, Attachment—GMEC Minutes]

Continued Non-Compliance: [Issue]
The Institutional Review Committee (IRC) could not confirm resolution of the citation.

[ACGME Logo]
Residency Program Sample:

Accreditation Council for Graduate Medical Education
401 North Michigan Avenue Suite 2000
Chicago, IL 60611
Phone 312.755.5000
Fax 312.755.7898
www. accme.org

Program Director
Dear [Name],

The Review Committee for Family Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Family medicine

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: [Number]
Effective Date: [Date]

The Review Committee determined that the program is in substantial compliance with the ACGME’s Program Requirements and/or Institutional Requirements and did not issue any new citations.

AREAS FOR IMPROVEMENT / CONCERNING TRENDS
The Review Committee identified the following areas for program improvement and/or concerning trends:

Educational Content
The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of “educational content”. The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.

Evaluations
The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of “evaluations”. The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.

Faculty Supervision and Teaching
The Committee encourages the program to review results from the Resident Survey, as there
Residency Program Future Accreditation Sample:

From: [Redacted]
Sent: [Redacted]
To: [Redacted]
Cc: [Redacted]

Subject: ACGME - Meeting Decision

ACGME - Meeting Decision

Dear [Redacted]

In accordance with the ACGME’s Next Accreditation System and the policies set forth in its Policies and Procedures Manual, all accredited programs are being reviewed annually by their relevant Review Committee. At its [Redacted] meeting, the Review Committee for [Redacted] reviewed the program listed below and took the following action:

[Redacted]

Initial Accreditation
New Status: Total Accredited Residents: [Redacted]
Effective Date: [Redacted]

A detailed letter of notification will be posted in the ACGME Accreditation Data System (ADS) within 60 days of this e-mail, and you will be notified by e-mail when the letter is available. Until the official letter is posted in ADS, Review Committee staff members cannot discuss the Committee’s action. When you receive the letter, please contact the Executive Director if you require further clarification regarding the content of the letter or status of your program.

ADS is accessible at the following address - https://apps.acgme.org/ads. For any technical issues with ADS, please contact WEBADS@acgme.org.

Sincerely,

[Redacted]

Accreditation Administrator
Step 4 – Contact Information

**Program Director.** The program director is the individual designated with authority and accountability for the operation of a residency program.

Please enter the Program Director’s contact information, including MD or DO, name, address, email, and phone number. If the address is the same as the Residency Program, select the appropriate box.

**Primary Contact.** Please provide the primary contact’s name, title, address, email, and phone number. If the address is the same as the Residency Program, select the appropriate box.

Please note, that the program director and the primary contact must be two different individuals with different contact information. If any questions arise about the application itself, CalMedForce staff will contact both the program director and primary contact via email/or phone. If awarded, the applicant will have the ability to update the primary contact to whomever is appropriate in their organization. Both the program director and primary contact will be contacted if awarded.

Step 5 – Training Sites and Payor Mix

**Health Professional Shortage Area (HPSA) Status.** Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) geographic area or automatic facility area as defined by the Federal Health Resources Services Administration (HRSA).

Note, that primary care HPSAs only apply to primary care specialties.

An applicant will receive one point if their primary training site has a current HPSA score of 1-10 and an additional one point, for a total of two points, if the HPSA score is 11-25. Please follow the link below to find your HPSA score. [https://data.hrsa.gov/tools/shortage-area](https://data.hrsa.gov/tools/shortage-area)

If an applicant’s geographic area HPSA score differs from their automatic facility HPSA score, enter the highest of the two scores. Other HPSA score designations, such as mental health or population HPSA cannot be used in place of primary care geographical or automatic facility HPSA scores.

Please see the guide below.
**Step 1.** Once you arrive to the website through the link above, please click “Search Shortage Areas by Address,” as indicated by the red arrow below.

**Step 2.** Type the address of the primary training site in the search criteria box. Confirm the checkbox, “Include geographic (FIPS) codes,” is checked as indicated by the example below. Click “Search” to populate results and provide a possible HPSA score, shown in the “red square” below.
To identify your Facility HPSA, use the HPSA Find tool and input your information in the left dialog box and select only “Primary Care” for HPSA Discipline and “All HPSA Facilities” to search for HPSA facilities.
Click “Submit” to populate the search in the window on the right.
Step 3. Use either the geographic HPSA score or the automatic facility HPSA score as shown in the “red squares” below. If the geographic area HPSA score differs from the automatic facility HPSA score, enter the highest score. If the residency program does not have a HPSA score enter zero.
Priority Counties.
Please indicate the location of the primary ACGME-approved continuity clinic training site or the primary training site through which the majority of the primary care or emergency medicine resident FTEs are providing care. Primary training site is where the residents spend the majority of their time performing patient care (inpatient and outpatient).

Please include: Name of site, practice setting (the setting where one provides patient care such as, Federally Qualified Health Center, Government, Group Practice, or Hospital or other), street address, city, zip code, and county. There is a maximum of three points if the primary training site is in one of the following medically underserved counties:

Counties.

Tier 1 Counties (3 points): Alpine, Calaveras, Colusa, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Lake, Madera, Merced, Modoc, Riverside, San Benito, San Bernardino, San Joaquin, Sierra, Solano, Tehama, Trinity, Tulare, Yuba
Tier 2 Counties (2 points): Amador, Butte, Contra Costa, Humboldt, Lassen, Los Angeles, Mariposa, Mendocino, Monterey, Nevada, Orange, Sacramento, San Diego, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Sutter, Ventura, Yolo

Tier 3 Counties (1 point): Alameda, Del Norte, Inyo, Marin, Mono, Napa, Placer, Plumas, San Francisco, Santa Clara, Tuolumne

Payor Mix. Indicate the payor mix for the location through which the majority of the primary care or emergency medicine residents are providing care. Please note, that the payor mix is for the hospital or for the clinic site provided.

<table>
<thead>
<tr>
<th>Payor Mix</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td></td>
</tr>
<tr>
<td>Dual Eligible (Medi-Cal/Medicare)</td>
<td></td>
</tr>
<tr>
<td>Indigent</td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Other Payors</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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</tbody>
</table>

The patient population should be calculated from the most recent 12-month fiscal year using an audited data source such as a hospital cost report. Please reference the glossary for definitions of patient populations.

Points are awarded for the combined percentage of the applicant’s patient population (shaded rows) that is Medi-Cal, Dual Eligible, Indigent, and Uninsured, as follows:

0 points = 0-10%
2 points = 1-20%
4 points = 21-40%
6 points = 41-60%
8 points = 61-80%
10 points = 81-100%
Step 6 – Program Description

All programs must have ACGME accreditation for both the sponsoring institution and residency program at the time of contract execution. Per the authorizing statute, CalMedForce’s goal is to sustain, retain, and expand graduate medical education in California with the goal of increasing the number of primary care and emergency medicine physicians. An applicant may apply for new, existing, and/or expanded positions.

**New Program.** Program that has received ACGME accreditation (both for the sponsoring institution and residency program) or will have program accreditation at the time of contract execution, has not yet graduated any residents, and will enroll at least one class by July 1, 2021. (10 points will be awarded)

**Expanding Program.** Existing residency program (has received ACGME accreditation and has graduated one or more cohort(s) of residents) with additional categorical residency positions, as evidenced by letters from the appropriate accrediting body approving for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2020 or has ACGME categorical residency positions that were not filled during the 2019-20 and/or 2020-21 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2021-22 academic year. (7 points will be awarded)

**Existing Program.** Residency program that has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the 2020-2021 academic year. (3 points will be awarded)

Check the following boxes that best describe your program:

- ✔ Has received ACGME accreditation or will be accredited by contract execution and has not yet graduated its first cohort of residents and will enroll at least one class by July 1, 2021.

- ✔ Has received ACGME accreditation and has graduated one or more cohort(s) of residents.
✓ Has ACGME approved categorical residency positions that were not filled during the 2019-20 and/or 2020-21 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2021-22 academic year (For example, your program has the capacity to fill 5 positions but only filled 4 of those 5 positions in the 2019-20 and/or 2020-21 academic year(s); however, you plan on filling that remaining slot in the 2021-22 academic year).

✓ Has received ACGME approval for additional categorical residency positions as evidenced by documentation from the appropriate accrediting body for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2020 (please upload documentation).

✓ Neither options above apply to my residency program. Will have the same number of filled positions as the previous academic years.
Approval for Expansion Letter Sample:

Accreditation Council for Graduate Medical Education
401 North Michigan Avenue
Suite 2000
Chicago, IL 60611
Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

Program Director

Dear [Name],

The Review Committee for Internal Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Program: [Program Name]

OTHER COMMENTS

The Committee approved your request for a permanent increase from [Number] positions effective [Date].

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.
Step 7 – Requested Amount and Positions

Funding is divided up among existing, expanding, and new programs—with increased funding allocated towards new and expanding programs. Please see Step 6- Program Description for definitions of existing, expanding, and new programs.

Funding is allocated per resident position and is dependent on the type of program. Existing programs shall receive $50,000 per resident per year, expanding programs shall receive $60,000 per resident per year, and new programs shall receive $75,000 per resident per year. For example, a new three-year residency program, if requesting funding for five residents, may receive a total award amount of $1,125,000 to be disbursed over three years ($75,000 x 5 residents x 3 years).

The maximum number of residency positions that may be requested for funding is five per program, including any combination of existing, new and expanded positions. Funding will be disbursed over a three-year or four-year period depending on the length of the residency program. CalMedForce may award residency programs the full or partial amount requested.

Each application may only request funding for a total of five residency positions. New programs may only request funding for new residency positions. However, existing programs may also apply for expanding residency positions if applicable, but the total amount of residency positions requested must equal five (image below). Please note, cells in gray cannot be modified.
The table below is contingent on the applicant’s response from Step 6. In this case, the “Residency Program Type” will be automatically set for the applicants. However, if this is not correct in this step, please go back to Step 6 and change the following responses appropriately. The “Total Requested” column will also be populated from information from Step 6—this information cannot be changed in this step.

<table>
<thead>
<tr>
<th>Residency Program Type</th>
<th>Residency positions requested for funding (maximum of 5 allowed)</th>
<th>Amount per position allowed</th>
<th>Duration of Residency Program: 3 or 4 years</th>
<th>Total requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>New program</td>
<td></td>
<td>$50k per year per existing Resident</td>
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<tr>
<td></td>
<td></td>
<td>$60k per year per expanding Resident</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>$75k per year per new Resident</td>
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<tr>
<td>Expanding program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing program</td>
<td></td>
<td></td>
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</tbody>
</table>

**Step 8 – Budget**

The following financial information is required from all applicants for an application to be considered complete. Please ensure the information provided is accurate and follows the guidelines below.

**Program Budget.** Provide program budget information using the table below. Program costs should reflect the estimated cost of the residency program for the academic year 2020-21. In no more than 300 words, provide a budget justification for the funds requested. The “Other Costs” table should reflect other GME costs that do not fall under the line items listed in the budget tables such as: purchase of information technology hardware and software costs directly associated with running the GME program; licensing, match participation, and in-training examination fees.
In the “Other Costs” table an applicant can add more line items if needed. If an applicant accidentally adds line items, remove them by clicking ‘Cancel’.

**Program Budget Table**
The following financial information is required from all applicants for an application to be considered complete. Program costs estimated should reflect the cost of your residency program for the academic year 2020-21.

<table>
<thead>
<tr>
<th>Expenditure Types</th>
<th>Program Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident stipends/salaries and benefits</td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td></td>
</tr>
<tr>
<td>Supervising physician stipends/salaries and benefits</td>
<td></td>
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<tr>
<td>Conventions/Conferences</td>
<td></td>
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<tr>
<td>Training and education</td>
<td></td>
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<tr>
<td>Faculty development</td>
<td></td>
</tr>
<tr>
<td>Dues and subscriptions</td>
<td></td>
</tr>
<tr>
<td>Information Technology (IT) systems</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

**Other Costs Table**

<table>
<thead>
<tr>
<th>Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Types</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

**Use of Funds Requested Table**
The following financial information is required from all applicants for an application to be considered complete. **If awarded**, please detail below how the funds would be used to support the applicant’s residency program. Award disbursement will be the duration of your residency program, either three or four-years. The information entered below can include expenditure types that are not listed in the program budget table.

<table>
<thead>
<tr>
<th>Expenditure Types</th>
<th>Funds Requested (Calculated from Step 7)</th>
<th>Justification (300 words)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident stipends/salaries and benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervising physician stipends/salaries and benefits</td>
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<tr>
<td>Conventions/Conferences</td>
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<td>Training and education</td>
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<td>Faculty development</td>
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<tr>
<td>Dues and subscriptions</td>
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<tr>
<td>Information Technology (IT) systems</td>
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<tr>
<td>Travel</td>
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<tr>
<td>Other costs</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
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</tr>
</tbody>
</table>

**Other Costs Table**

<table>
<thead>
<tr>
<th>Other Costs</th>
<th>Expenditure Types</th>
<th>Costs</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
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</table>

(rev. 6-2020)
Step 9 – Status of Residency Positions

**Number of Positions Available and Filled.** Include the number of positions available and filled for academic years 2015-16 to 2020-21. For example, a residency program could have five positions approved for postgraduate year 1 (PGY 1) 2018-19, but only have three positions filled for that year. Note that zeros must be entered into the fields if appropriate. New programs are required to complete this step, please enter zeros where appropriate.

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<thead>
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<tbody>
<tr>
<td>PGY 1 Positions Approved</td>
<td></td>
<td></td>
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<tr>
<td>PGY 1 Positions Filled</td>
<td></td>
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<tr>
<td>PGY 2 Positions Approved</td>
<td></td>
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<tr>
<td>PGY 2 Positions Filled</td>
<td></td>
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<tr>
<td>PGY 3 Positions Approved</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>PGY 3 Positions Filled</td>
<td></td>
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<tr>
<td>PGY 4 Positions Approved (if applicable)</td>
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<tr>
<td>PGY 4 Positions Filled (if applicable)</td>
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</tbody>
</table>

If an applicant has a different number of ACGME approved residency positions than filled positions, please explain (300 words) in the text box provided. Enter information into the text box only if there is a difference between the approved and filled positions. Appropriate explanations could be regarding lack of funding or insufficient recruitment to fill positions. If an applicant does not have any differences between the approved and filled positions, select “Save & Continue” after the table above has been filled out.

**Step 10 – Graduate Data for 2015-16 through 2019-20**

For the table below please enter graduate names, National Provider Index (NPI) numbers (10-digit number), if the graduates specialize in Primary Care or Emergency Medicine, and their physical practice locations, to the best of
your knowledge. **If a program applied in previous cycles**, the names and NPI numbers of previous graduates entered will auto-populate. Please review these populated entries for accuracy. There is a maximum of five points allowable for this question, (new programs will automatically receive five points). For existing and expanding programs, points will be awarded based on the percentage of graduates who practice primary care or emergency medicine in California at least 50% of the time. An applicant is able to add as many lines as necessary for the number of graduates each year.

If there is a discrepancy in the number of filled positions (as listed in the previous step) and the number of graduates listed in this step, please explain (300 words) in the text box provided. Points are awarded for this section as follows:

- 0 points = 0-10%
- 1 point = 11-20%
- 2 points = 21-40%
- 3 points = 41-60%
- 4 points = 61-80%
- 5 points = 81-100%

**Please include information on your graduates for academic year 2019-20**

<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department in California more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Please include information on your graduates for academic year 2018-19

<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department in California more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
<th>County</th>
</tr>
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<tbody>
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</tbody>
</table>

Please include information on your graduates for academic year 2017-18

<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department in California more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
<th>County</th>
</tr>
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<tbody>
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</tbody>
</table>
Please include information on your graduates for academic year 2016-17

<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department in California more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
<th>County</th>
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</thead>
<tbody>
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</tbody>
</table>

Please include information on your graduates for academic year 2015-16

<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department in California more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
<th>County</th>
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Step 11 – Diversity (Optional)

Completion of this step is optional. The information provided will be used for data purposes only. The question does not influence scoring or award disbursement. Applicants have the option to move on directly to Step 13 in
the application. Please reflect on the residency training program's role in promoting diversity in the physician workforce.

**Diversity Strategy.** Any formal policy, program(s), and/or training activity(s) that explicitly aim(s) to promote diversity in the residency training program along the demographics of race, ethnicity, gender, sexual orientation, socioeconomic status, education status, geographic location and/or religion, among others.

Does your residency training program currently have a diversity strategy?

- ✓ Yes, our program currently has a diversity strategy
- ✓ No, our program does not currently have a diversity strategy, but plans to create one within the next three years.
- ✓ No, our program does not currently have a diversity strategy and does not plan to create one in the next three years.

If “Yes”, review the examples of diversity strategies below and select all that currently apply to the residency training program. If there is a strategy that is not listed below and an applicant would like to provide a more detailed explanation, please write it in the text box.

- ✓ Formal policy and/or mission statement that promotes diversity in residents
- ✓ Recruitment and outreach materials that promote diversity (e.g. brochures, flyers, presentations, website, etc.)
- ✓ Engages in residents in diversity-related activities (e.g. resident-led groups, peer counseling, mentorship opportunities, etc.)
- ✓ Other, please explain (text box provided)

**Step 12 – Attestation**

Check the box to attest that the statements herein are true and complete to the best of the applicant’s knowledge. The applicant must also attest they understand that knowingly submitting false information will void this application and be considered breach of contract. Please also provide us with the applicant’s name, title, and residency program.
Please note, that upon completing an application, the date of completion will be auto populated in this format: [Date], [Time] (for example, 8/21/2020, 2:38:06 PM).

**Subject to Audit.** Check the box to acknowledge that these funds are subject to an audit pursuant to Article 2.5 (commencing with Section 30130.50), Chapter 2 of Division 2 of the Revenue and Taxation Code.

**Non-Supplanting.** Check to attest that these funds are not intended to supplant state or federal funding intended to also fund residency positions.

**California False Claims Act.** Check to attest that the applicant understands that knowingly submitting or benefitting from false information will void this application and that doing so may subject the applicant to civil and/or criminal penalties under the California False Claims Act and any other relevant state or federal regulations.

**Submitting an Application.** Ensure that the application is complete and accurate. After Step 13, click “Save & Finish”. This is not the final submission button. The applicant will have one final opportunity to review their application before final submission.

Please note, for applications received before the early submission deadline August 28, 2020, 11:59 PM (PST), staff will review the application and notify both the primary contact and program director if any supplemental information needs to be submitted.

For applications submitted after the early submission deadline of August 28, 2020, 11:59 PM (PST) and before September 21, 2020 11:59 PM (PST) the application is considered final; no changes shall be made to the final application. Following the close of the CalMedForce FY 2020-21 grant cycle, a final score will be sent to both the primary contact and program director as indicated in the application.
Glossary

Accreditation Council for Graduate Medical Education (ACGME)
ACGME is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.

Automatic Facility (Auto) HPSAs
Automatically designated as a HPSA by statute or through regulations without having to apply for designation. Examples include, but are not limited to: FQHCs, Indian Health Facilities, Dual-funded Community Health Centers/Tribal Clinics.
https://data.hrsa.gov/data/fact-sheets#

Diversity Strategy
Any formal policy, program(s), and/or training activity(s) that explicitly aims to promote diversity in the residency training program along the demographics of race, ethnicity, gender, sexual orientation, socio-economic status, education status, geographic location and/or religion, among others.

Dual Eligible (Medi-Cal/Medicare)
A payor category that includes individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medi-Cal benefit. Also referred to as Dual Eligible.

Emergency Medicine
Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. The practice of emergency medicine includes the initial evaluation, diagnosis, resuscitation, critical care treatment, coordination of care among multiple providers, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care. (See the Glossary for more information)
https://www.abem.org/public/become-certified/subspecialties
**Existing Program**
Residency program that has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the 2020-2021 academic year. (3 points will be awarded)

**Expanded Program**
Existing residency program (has received ACGME accreditation and has graduated one or more cohort(s) of residents) with additional categorical residency positions, as evidenced by letters from the appropriate accrediting body approving for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2020; or has ACGME categorical residency positions that were not filled during the 2019-20 and/or 2020-21 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2021-22 academic year. (7 points will be awarded)

**FTE**
Full-time equivalent (FTE) is the percentage of time a staff member works represented as a decimal. A full-time position is 1.00, a half-time position is .50 and a quarter-time position is .25

**Geographic HPSA**
Shortage of primary care providers for the entire population within a defined geographic area. It is based on primary care hours for the following general population.
https://bhw.hrsa.gov/shortage-designation/hpsas

**Graduate Medical Education (GME)**
The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty.
https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583
**Family Medicine**
Family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care, including routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage chronic illness, often coordinating care provided by other subspecialists. [https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-family-medicine/](https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-family-medicine/)

**Health Professional Shortage Area (HPSA)**
Areas designated by the Health Resources and Services Administration as having shortages of primary medical care, dental, or mental health providers. [https://bhw.hrsa.gov/shortage-designation/hpsas](https://bhw.hrsa.gov/shortage-designation/hpsas)

**Health Resources and Services Administration (HRSA)**
The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable. [https://www.hrsa.gov/](https://www.hrsa.gov/)

**Indigent**
Payor category that includes patients who are receiving charity care and/or University of California teaching hospital patients receiving care with Support for Clinical Teaching funds. This excludes those patients recorded in the County Indigent Programs category.

**Initial Accreditation**
A status of “Initial Accreditation” is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

**Internal Medicine**
An internist is a personal physician who provides long-term, comprehensive care in the office and in the hospital, managing both common and complex illnesses of adolescents, adults and the elderly. Internists are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints and the digestive, respiratory and vascular
systems. They are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs. https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-internal-medicine/

**Medi-Cal**
California's Medicaid program is a payor category that offers free or low-cost health coverage for California residents who meet the eligibility requirements. Eligibility includes low-income children and adults, pregnant women, and families. https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-CalFAQs2014a.aspx#1

**Medicare**
Medicare is the federal health insurance program for who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare

**Medically Underserved Area (MUA)**
Have a shortage of primary care services for residents within a geographic area. https://bhw.hrsa.gov/shortage-designation/types

**Medically Underserved Population (MUP)**
Have a shortage of primary care health services for a specific population subset within an established geographic area. These groups may face economic, cultural or linguistic barriers to health care. https://bhw.hrsa.gov/shortage-designation/types

**National Provider Identifier Number (NPI)**
New Program
Program that has received ACGME accreditation (both for the sponsoring institution and residency program) or will have program accreditation at the time of contract execution, has not yet graduated any residents, and will enroll at least one class by July 1, 2021. (10 points will be awarded)

Obstetrics and Gynecology
Obstetrics and Gynecology is a broad and diverse branch of medicine, including surgery, management of the care of pregnant women, gynecologic care, oncology, and primary health care for women. https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-obstetrics-and-gynecology/

Other Costs
Allowable GME costs such as: purchase of information technology hardware and software costs directly associated with running the GME program; licensing, match participation, and in-training examination fees.

Other Payors
Payor category that includes all patients who do not belong in the other four categories, such as those designated as self-pay, Covered California, and commercial.

Payor
A payor category is a third-party or individual responsible for the predominant portion of a patient’s bill.

Payor Mix
Payor mix is the proportion of revenue coming from private insurance, government insurance, or self-paying individuals.
**Pediatrics**
Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

https://www.abp.org/content/subspecialty-certifications-admission-requirements

**Post-Graduate Year (PGY)**
The denotation of a post-graduate resident’s progress in their residency training.

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

**Practice Setting**
The setting where one provides patient care.

**Primary Care**
Primary care refers to Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatric specialties.

**Primary Training Site**
Primary training site is where the residents spend the majority of their time performing patient care (inpatient and outpatient).

**Program Director**
The individual designated with authority and accountability for the operation of a residency/fellowship program


**Residency Program**
A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical
school as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty-specific Program Requirements.

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

**Resident**
An individual enrolled in an ACGME accredited residency program.

**Sponsoring Institution**
The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, or an educational foundation). Clarification: When the sponsoring institution is not a rotation site for the program, the major associated hospital for the program is the primary clinical site (see Primary clinical site).

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

**Training Site**
An organization providing educational experiences or educational assignments/rotations for residents/fellows. These can be primary, secondary, or continuity clinics. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a free clinic, or a public health agency. www.acgme.org

**Uninsured**
Payor category that encompasses individuals who have no health insurance or other source of third-party coverage.
Any questions or comments, please call us 916-551-2899 or email us at CalMedForce@phcdocs.org.

CalMedForce is a publicly funded program through voter-approved tobacco tax revenues (Proposition 56 in 2016) and administered by PHC.